

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SonC		3/2/00
O.I.P.E. CLASSIFIER		15	3/9/00
FORMALITY REVIEW	JS	7175	4/14
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- | | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

Claim	Final	Original	Date
1			3/2/00
2			3/2/00
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here